

**APPLICATION DATA SHEET**

**Application Information**

<b>Application Number::</b>	National Stage of PCT/SE2004/000818
<b>Filing Date::</b>	November 29, 2005
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	National Stage Application
<b>Suggested Classification::</b>	None
<b>Suggested Group Art Unit::</b>	None
<b>CD-ROM or CD-R?::</b>	No
<b>Number of CD Disks::</b>	0
<b>Number of Copies of CDs::</b>	None
<b>Sequence Submission?::</b>	No
<b>Computer Readable Form (CFR)?::</b>	No
<b>Number of Copies of CFR::</b>	None
<b>Title::</b>	IMPLANT DEVICE
<b>Attorney Docket Number::</b>	43318-225722
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	THREE
<b>Small Entity?::</b>	No
<b>Latin Name::</b>	
<b>Variety Denomination Name::</b>	
<b>Petition Included?::</b>	No
<b>Petition Type::</b>	None
<b>Licensed US Govt. Agency::</b>	
<b>Contract or Grant Numbers::</b>	None
<b>Secrecy Order in Parent Appl::</b>	

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship::</b>	Swedish
<b>Country::</b>	Sweden
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Dan
<b>Middle Name::</b>	
<b>Family Name::</b>	PITULIA
<b>Name Suffix::</b>	
<b>City of Residence::</b>	VÄSTRA FRÖLUNDA
<b>State or Province of Residence::</b>	
<b>Country of Residence::</b>	Sweden
<b>Street of Mailing Address::</b>	Käringbergsg. 8
<b>City of Mailing Address::</b>	VÄSTRA FRÖLUNDA
<b>State or Province of Mailing Address::</b>	
<b>Country of Mailing Address::</b>	Sweden
<b>Postal or Zip Code of Mailing Address::</b>	S-426 76

## **Correspondence Information**

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## **Representative Information**

<b>Representative Customer Number::</b>	26694
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### Domestic Priority Information

Application::	Continuity Type::	Application::	Filing Date::
	Continuation of		
	Continuation of		

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0301588-0	May 30, 2003	YES

### Assignee Information

Assignee Name:: ENTIFIC MEDICAL SYSTEMS AB  
Street of Mailing Address:: Box 16024  
City of Mailing Address:: GÖTEBORG  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-412 21